



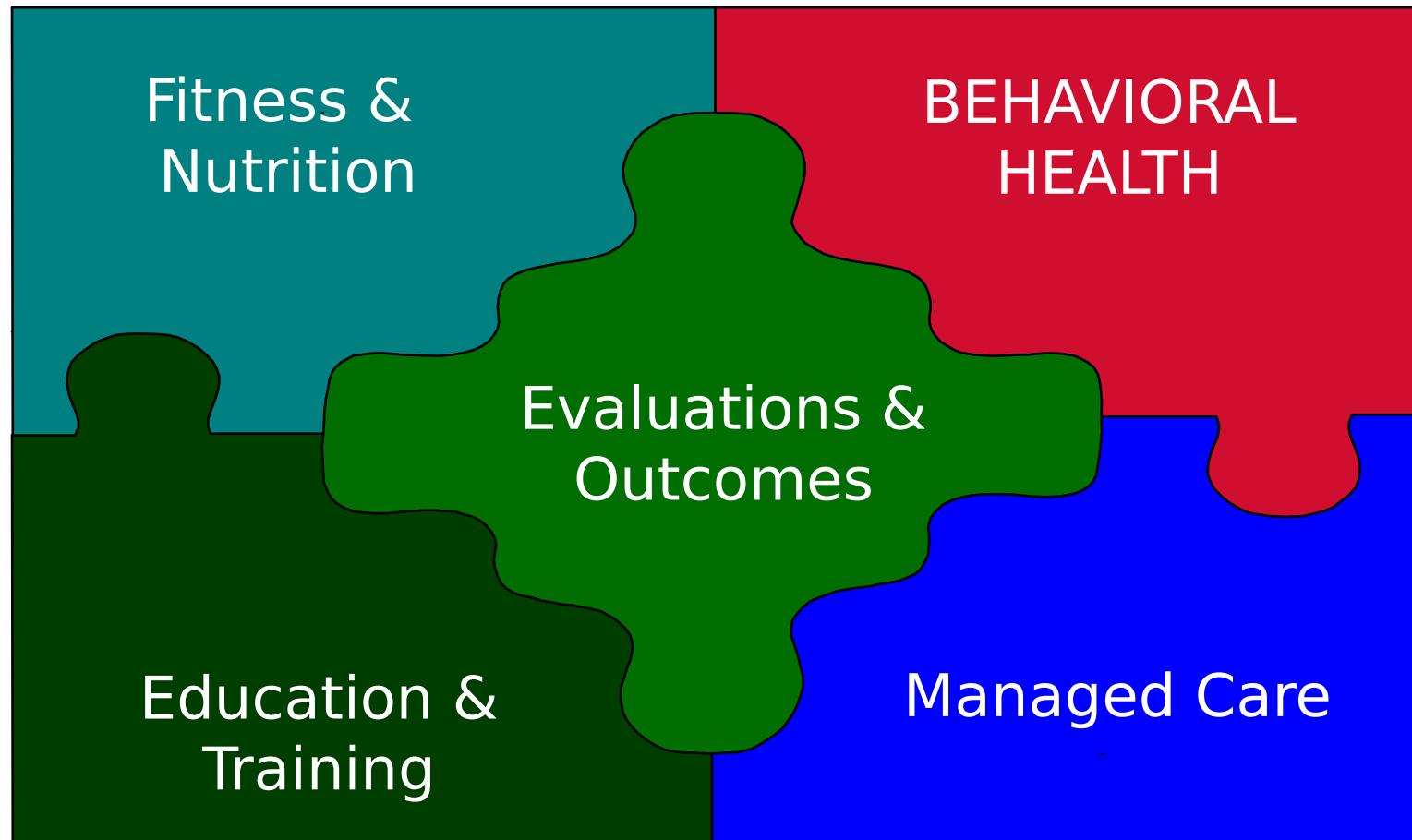
# **USACHPPM**

*Readiness thru Health*

## **U. S. Army Center for Health Promotion and Preventive Medicine**

# **SUICIDE and STRESS**

# Directorate of Health Promotion and Wellness

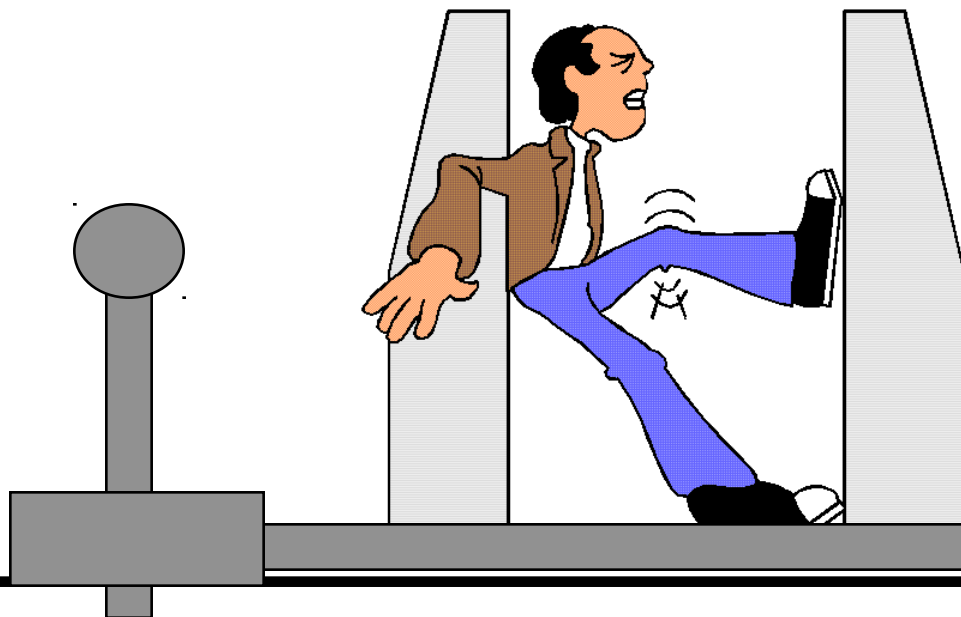


# Behavioral Health

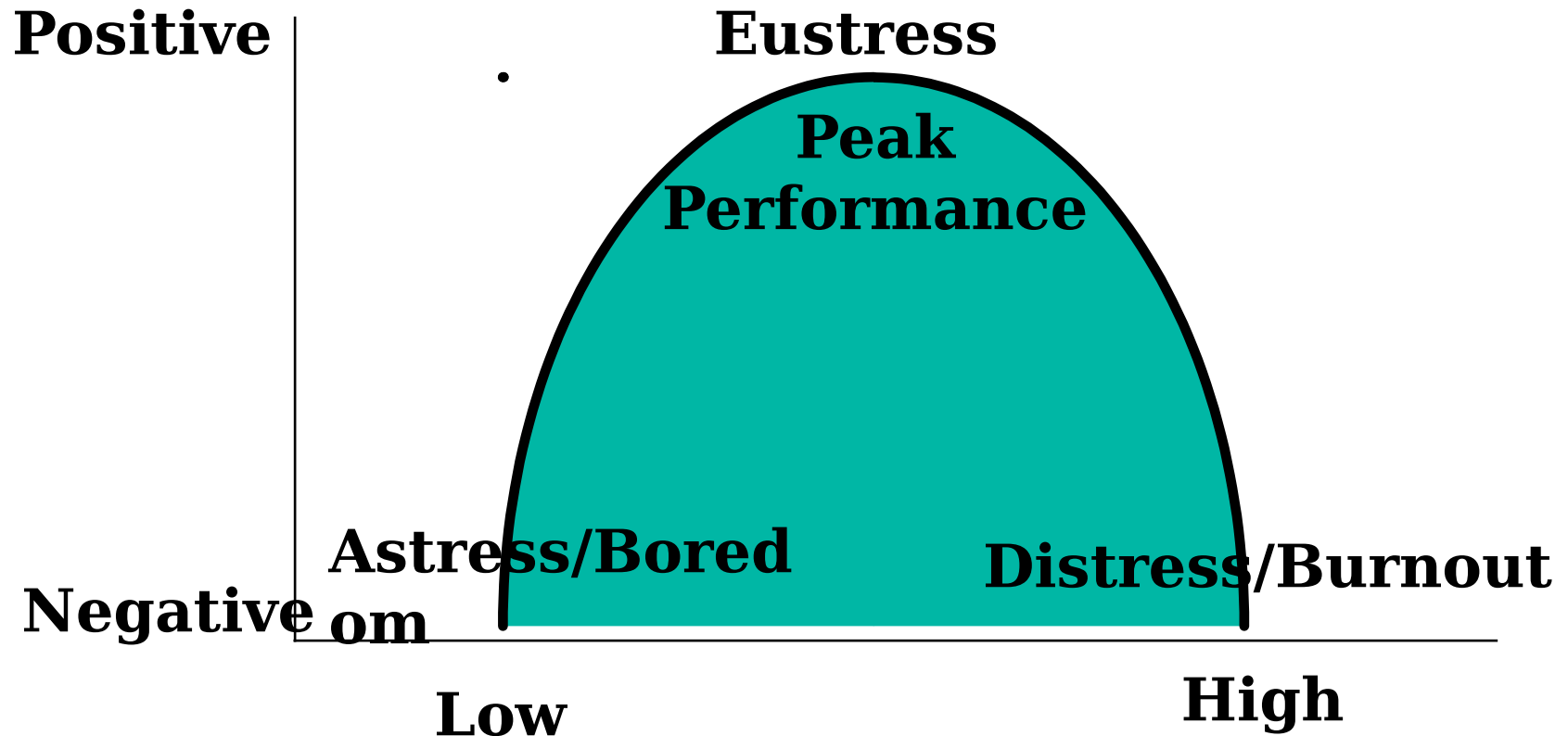


## Service

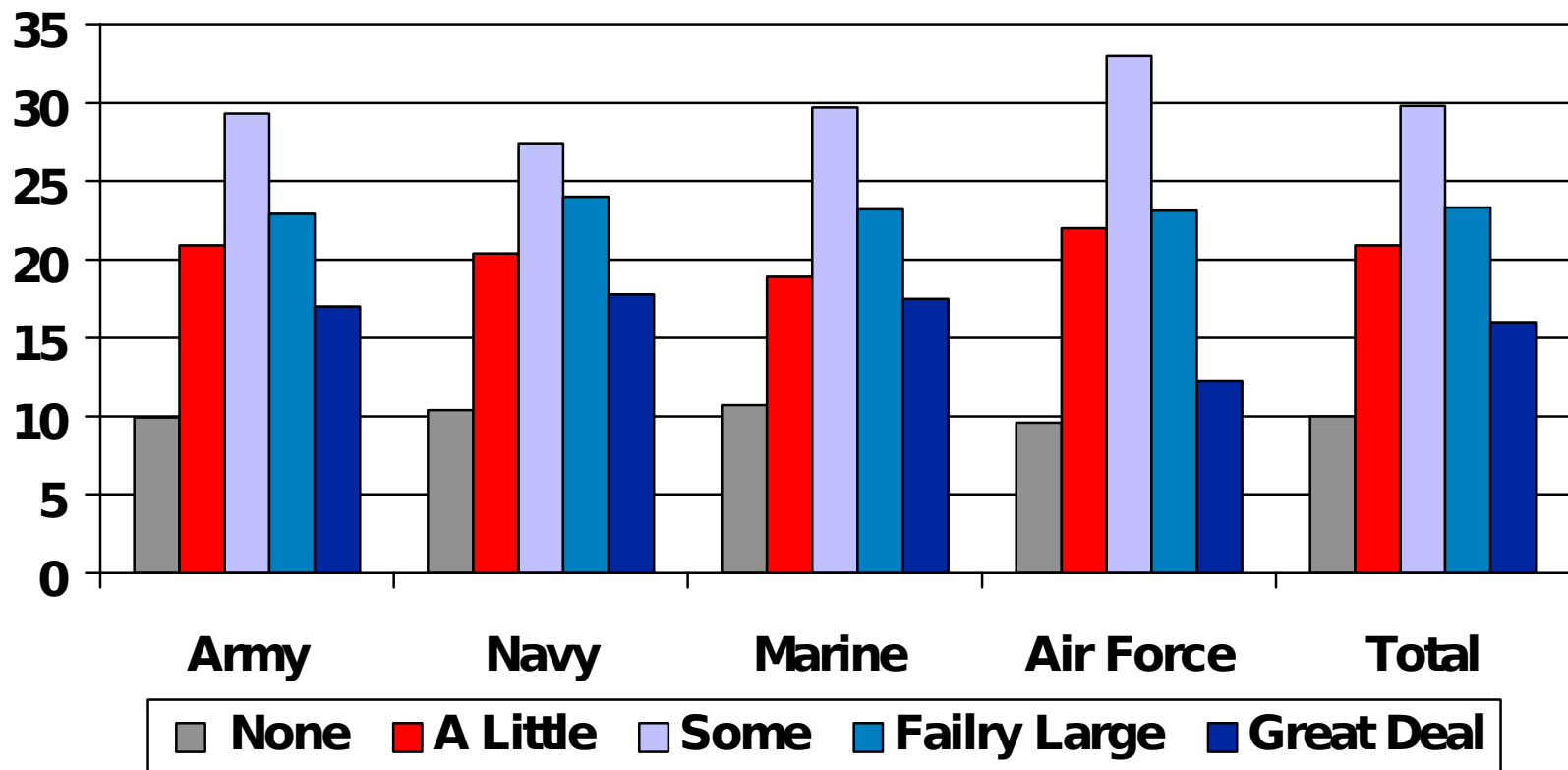
### Stress and Suicide: Screening and Referral



# Stress is Normal



# Stress and Military Life



# Rank Ordered Sources of Stress



## MALES

1. Being Away From Family
2. Deployment
3. Increases in Work Load
4. Financial Problems
5. Conflicts Between Military and Family Responsibilities
6. Work Relationships
7. Conflict with Supervisor
8. Changes in Family
9. Having a PCS

## FEMALES

1. Being Away From Family
2. Changes in Family
3. Increases in Work Load
4. Conflict with Supervisor
5. Work Relationships
6. Conflicts Between Military and Family Responsibilities
- 7.5. Financial Problems
- 7.5. Having a PCS

13. Deployment

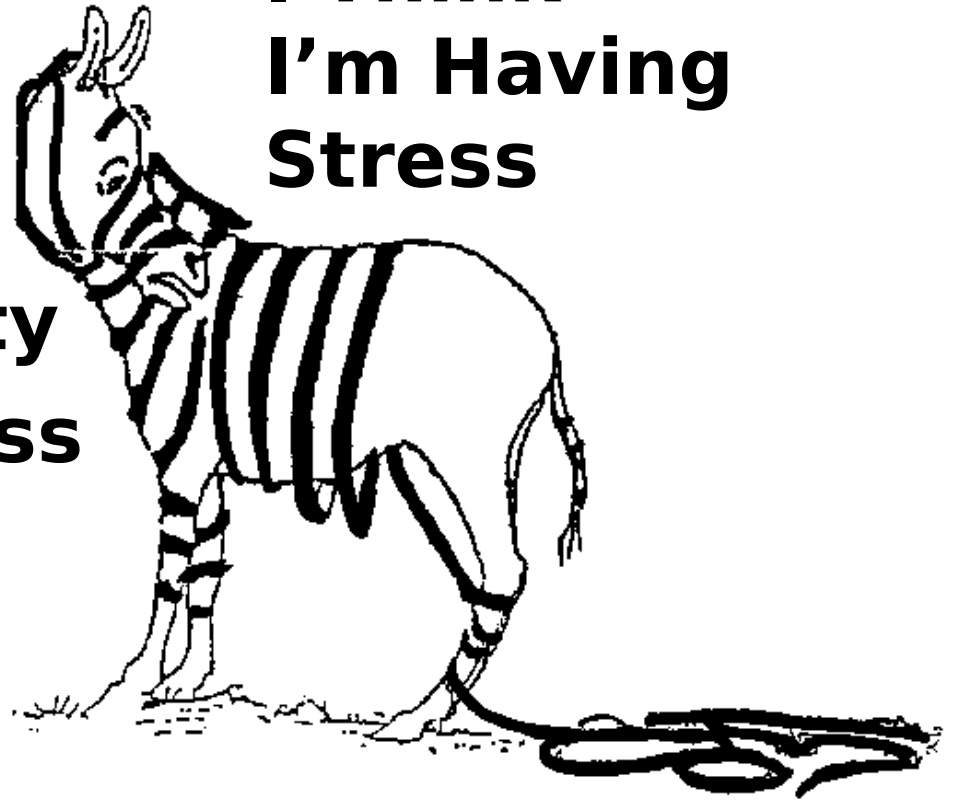
Source: 1995 DOD WWS

# Effects of Stress



**Depression**  
**Headaches**  
**Hypertension**  
**Anger/Irritability**  
**Weight Gain/Loss**  
**Ulcers**  
**Spill Over**

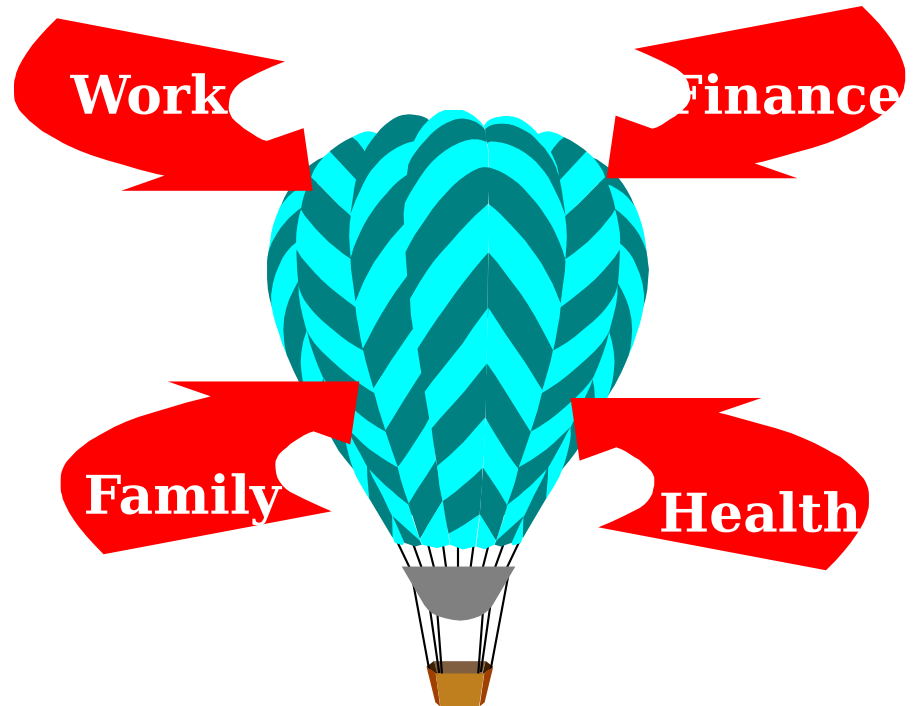
**I Think  
I'm Having  
Stress**



# Stress Reduction Tips



**Keeping a Balance**  
**Expand**  
**Perspective**  
**Learn to Relax**  
**Cultivate Humor**  
**Build Friendships**





# Suicide is Not Painless



**Increase in General Upset**

**Increase in Negative Self-Focus**

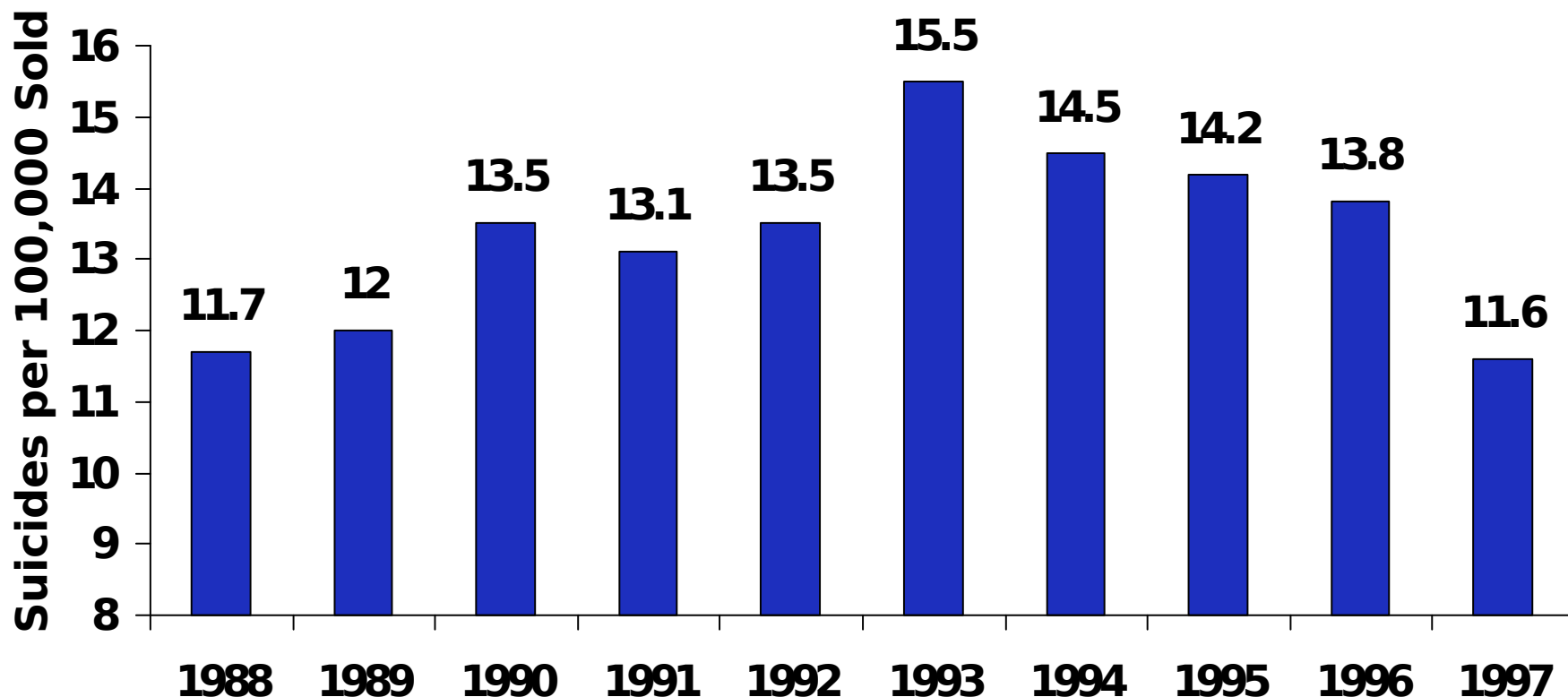
- **Self-abnegation, self-hate, shame, guilt, self-blame, and self-defeating acts**

**Constriction of Focus**

**Thought that Dying Would Stop the Pain**

Schneidman, 1987

# Suicide Rates in the Army



**1993 U.S. Rates: 15-24 year olds was 13.5 per 100,000; 25-44 year olds was 15.1 per 100,000**

# Warning Signs of Suicide



- Preoccupation with Death or Threatening to Commit Suicide**
- History of Past Attempts**
- Significant or Deep Depression**
  - **Trouble Sleeping, Eating Less or More, Talk of Worthlessness, Increased Drug Use (Legal/Illegal), Carelessness in Appearance**

# Warning Signs of Suicide



**Dramatic Drop in Job Performance**

**Severe Personality Changes**

**Making Final Arrangements**

**Significant Loss**

**Loved One, Friend, Social Status, Job, Rank**

**Display of Hopelessness About Life  
and Helplessness to Do Anything  
About It.**

# **Suicide Prevention Tips**



**What is going on?**

**Where do you hurt?**

**What would you like to happen?**

**What do you feel that you have to solve or  
get out of?**

**Do you have any plans to do anything  
harmful to yourself and what might you do?**

**What would it take (to keep you alive)?**

**Have you ever been in a situation like this  
before? What did you do? What happened,  
and how was it resolved?**

# Intervention Guidelines



**Establish a Relationship, Maintain  
Contact, and Obtain Information  
Identify and Clarify Focal Problem  
Evaluate the Suicide Potential  
Assess Strengths and Resources  
Mobilize Persons and Others  
Resources  
Initiate the Appropriate Action**

Adapted from the Los Angeles Suicide Prevention Center  
as reported in USAADACENFB Circular 600-2.

# Resources

## **The Army Suicide Prevention Program (DA PAM 600-24, DA PAM 600-70)**

- **Installation Suicide Prevention Task Force**  
may function as part of Health Promotion Council  
DPCA, DPT, CH, DHS, DS, CMHS, DMHS, PAO,  
CPO, MP, CID, SJA, ADCO, ACS, DODS, etc.
- **Suicide Risk Management Team (Division equivalent)**  
Division Surgeon, Division  
Psychiatrist/Psychologist, BN CDR, Chaplain,  
G1/AG, SJA, MP, ADCO, ACS.
- **ACS Family Member Suicide Prevention Program**

# Resources

## The Army Suicide Prevention Program

- **Suicide Prevention is accomplished thru Command Policy and Action.**
- **Key to Suicide Prevention is Positive Leadership and Deep Concern by Supervisors of Military Personnel and Civilian Employees.**



# Resource



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## **Chief of Chaplains Office**

**CH(MAJ) Larry Krause**

**Responsible within the Army  
for Suicide Prevention  
Workshops and Education.**

**Three courses each year thru  
Menninger Clinic.**

# **Suicide Prevention Team**



**MPs/Police**

**Chaplains**

**Community Mental Health Service**

**Division Mental Health Service**

**Hospital Emergency Room**

**Hospital-based**

- **Psychiatry/Psychology/Social Work  
Services**

# Resource



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## **American Association of Suicidology**

**4201 Connecticut Avenue. NW, Suite  
310**

**Washington, D.C. 2008**

**(202) 237-2280**

**Non-Profit Organization**

**Information on Suicide Prevention  
(Programs, Policy, Epidemiology)**

# Summary: “Don’t Be Afraid To Ask”

**The American Association of Suicidology advises:**

***Believe It.*** Take any signs or threat of suicide seriously.

***Listen Carefully.*** Keep the lines of communication open, ask questions, and talk calmly. Be sympathetic. Don’t be judgmental or give false assurances that everything will be all right.

***Get Help.*** Call a suicide prevention center, mental health clinic, physician, chaplain, or other qualified mental health professional.

***Be There.*** Be supportive and show that you care. Do not leave him or her in a crisis. Follow up by staying in touch and encouraging him or her to continue treatment.

